



P. O. Box 1677  
Boerne, Texas 78006-6677  
Telephone (830) 249-9511  
FAX (830) 249-9264

## APPLICATION FOR EMPLOYMENT

(Please PRINT, in INK, in your OWN hand)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Date of application: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_Advertisement \_\_\_\_\_Friend \_\_\_\_\_Relative  
\_\_\_\_\_City's Website \_\_\_\_\_Employment Agency  
\_\_\_\_\_Other \_\_\_\_\_Referred by City Employee (Name)

### PERSONAL DATA

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Phone: Cell ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you filed an application here before? \_\_\_\_\_Yes \_\_\_\_\_No If yes, date \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_Yes \_\_\_\_\_No If yes, date \_\_\_\_\_

When would you be available to start work? \_\_\_\_\_

\_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ Shift work \_\_\_\_\_ Temporary

Are you a citizen of the United States? \_\_\_\_\_Yes \_\_\_\_\_No

If not, do you possess an Alien Registration card? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, give Alien Registration Number: \_\_\_\_\_

Are you on lay-off and subject to recall? \_\_\_\_\_Yes \_\_\_\_\_No

Can you travel if a job requires it? \_\_\_\_\_Yes \_\_\_\_\_No

Do any of your friends work here? \_\_\_\_\_Yes \_\_\_\_\_No

If Yes, list name(s) \_\_\_\_\_

Do any of your relatives, including your spouse, work here? \_\_\_\_\_Yes \_\_\_\_\_No

If Yes, list name(s) \_\_\_\_\_

Do you have any relatives in an elected position for the City? \_\_\_\_\_Yes \_\_\_\_\_No

If Yes, list name(s) \_\_\_\_\_

Have you been arrested and/or convicted for breaking any law other than traffic laws, but including driving while intoxicated (DWI)? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, explain:

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## EDUCATION AND TRAINING

What foreign languages do you speak, read and/or write?

|       | Fluently | Good | Fair |
|-------|----------|------|------|
| Speak |          |      |      |
| Read  |          |      |      |
| Write |          |      |      |

List professional, trade, business or civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin): \_\_\_\_\_

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Type of Driver License held \_\_\_\_\_ D.L.#: \_\_\_\_\_

Do you hold any special licenses or permits? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please list: \_\_\_\_\_

|   | Elementary School | High School | College/ University | Graduate/ Professional |
|---|-------------------|-------------|---------------------|------------------------|
| School Name   |                   |             |                     |                        |
| Years completed (Circle)  | 4 5 6 7 8         | 9 10 11 12  | 1 2 3 4             | 1 2 3 4                |
| Diploma/Degree and Date Received  |                   |             |                     |                        |
| Describe Course of Study  |                   |             |                     |                        |
| Describe specialized training, apprenticeship, skills and extra-curricular activities |                   |             |                     |                        |

Honors Received:

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## EMPLOYMENT EXPERIENCE

List each job held. Start with your most recent job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin)

|                           |  |                               |                |                            |
|---------------------------|--|-------------------------------|----------------|----------------------------|
| <b>Employer</b>           |  | <b>Summary of Job Duties:</b> |                | <b>DATES:</b><br>(From/To) |
| <b>Address</b>            |  |                               |                |                            |
| <b>Job Title</b>          |  |                               |                |                            |
| <b>Supervisor</b>         |  |                               |                |                            |
| <b>Reason for leaving</b> |  | Starting Salary:              | Ending Salary: |                            |

|                           |  |                               |                |                            |
|---------------------------|--|-------------------------------|----------------|----------------------------|
| <b>Employer</b>           |  | <b>Summary of Job Duties:</b> |                | <b>DATES:</b><br>(From/To) |
| <b>Address</b>            |  |                               |                |                            |
| <b>Job Title</b>          |  |                               |                |                            |
| <b>Supervisor</b>         |  |                               |                |                            |
| <b>Reason for leaving</b> |  | Starting Salary:              | Ending Salary: |                            |

|                           |  |                               |                |                            |
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| <b>Address</b>            |  |                               |                |                            |
| <b>Job Title</b>          |  |                               |                |                            |
| <b>Supervisor</b>         |  |                               |                |                            |
| <b>Reason for leaving</b> |  | Starting Salary:              | Ending Salary: |                            |

|                           |  |                               |                |                            |
|---------------------------|--|-------------------------------|----------------|----------------------------|
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| <b>Address</b>            |  |                               |                |                            |
| <b>Job Title</b>          |  |                               |                |                            |
| <b>Supervisor</b>         |  |                               |                |                            |
| <b>Reason for leaving</b> |  | Starting Salary:              | Ending Salary: |                            |

May an inquiry be made of your most recent employer? \_\_\_\_\_Yes \_\_\_\_\_No

|              |                 |
|--------------|-----------------|
| Employer:    | Address:        |
| Telephone #: | Dates Employed: |

Have you ever been discharged or asked to resign? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain:

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Summarize special skills and qualifications acquired from employment or other experience:

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State any additional information you feel may be helpful to us in considering your application:

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## DISCLAIMER

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I authorize any former employer to release to this employer or its authorized representative any and all employment records and other information it may have about my employment.

I understand that a computerized criminal history (CCH) verification check will be performed on all potential employees.

I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I understand and agree that, if hired, employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, and that **intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.**

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Boerne and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the City of Boerne unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and the City of Boerne retains a similar right.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EEO STATISTICAL DATA FORM

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex, or national origin requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment with us. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

PLEASE NOTE: The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment nor will it become a part of your personnel file if you are hired.

**INSTRUCTIONS:** Please check the box corresponding to the correct response(s) in each of the categories below:

### **SEX**

- ☐ Male
- ☐ Female

### **AGE (in years)**

- ☐ Under 40
- ☐ 40 and above

### **RACIAL/ ETHNIC GROUP**

- ☐ Caucasian (not of Hispanic Origin)
- ☐ Black (not of Hispanic Origin)
- ☐ Hispanic
- ☐ Asian or Pacific Islander
- ☐ American Indian or Alaskan Native

### **SOURCE OF INFORMATION ABOUT APPLICATION**

- ☐ Posted Job Announcement
- ☐ Texas Employment Commission
- ☐ Current Employee
- ☐ Friend
- ☐ Professional publication
- ☐ Newspaper
- ☐ Just walked in
- ☐ Other (Specify)

### **DISABILITY**

**Do you have a disability?**

- ☐ Yes
- ☐ No

**Disability is described as:**

- a. Physical or mental impairment which substantially limits a major life activity.
- b. Previous record of such an impairment; or
- c. Being regarded as having such an impairment.